

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC		FEC IDENTIFICATION NUMBER ▼ C C00603621
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2016
Mailing Address 805 15th Street, N.W. Suite 300		Amount 44714.12
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Voter contact-telephone calls	Category/ Type	Transaction ID : SE.4321 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2016
Mailing Address 805 15th Street, N.W. Suite 300		Amount 5700.00
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Media production	Category/ Type	Transaction ID : SE.4336 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50414.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jamie Jodoin

[Electronically Filed]

Date

MM / DD / YYYY
02 / 08 / 2016

Signature

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Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2016		
Mailing Address 805 15th Street, N.W. Suite 300			Amount 22276.80		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4338		
Purpose of Expenditure Voter contact-telephone calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Targeted Victory			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 06 / 2016		
Mailing Address 1033 N. Fairfax Street Suite 400			Amount 182.07		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4334		
Purpose of Expenditure Voter contact-email		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22458.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	72872.99

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Jamie Jodoin

Signature

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Date

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